MARYLAND COMPREHENSIVE CANCER PLAN
CERVICAL CANCER SUBCOMMITTEE
MINUTES OF THE JUNE 5, 2002 MEETING

Attendance:
Ann Klassen, PhD - Johns Hopkins School of Public Health - Chair
Niharika Khanna, MD - University of Maryland
Phyllis Smelkinson - American Cancer Society
Judy Trickett - Carroll County Health Department
Connie Trimble, MD - Johns Hopkins Medical Institutions
Helene O'Keefe - DHMH, Center for Maternal and Child Health
Marc Lowen, MD - Sinai Hospital
DHMH Staff:
Kate Shockley - Comprehensive Cancer Control Coordinator
Donna Gugel - Breast and Cervical Cancer Screening Program (BCCP), Director
Marsha Bienia - Director, Center for Cancer Surveillance and Control
Toni Brafa-Fooksman - BCCP Coalition Coordinator
Robert Villaneuva - Cancer Council, Executive Director

Comments on the Evaluations from the Meeting of May 15, 2002 - Dr. Klassen
- We will attempt to start and end all meetings on time.
- If you are having difficulty hearing a speaker, please let us know.
- Dr. Klassen will try to summarize each part of the meeting as we go along.

Role of the Committee Members – Mr. Robert Villaneuva
- Committee staff includes: Dr. Klassen - committee chair; Ms. Donna Gugel - DHMH liaison to the committee chair; Ms. Toni Brafa-Fooksman – committee communications and minutes.
- The committee is responsible for developing recommendations related to cervical cancer in Maryland. The Cancer Plan's chapter on cervical cancer will be based on these recommendations.
- DHMH staff will do the actual writing of the chapter. Committee members will be able to review the recommendations before they are finalized.
- The cancer plan will not target one specific audience. The committee may make different recommendations for different groups. Minority and medically underserved groups will be addressed in each chapter, as well as in a separate chapter on the medically underserved.

Town Hall Meetings – Ms. Kate Shockley
- There will be seven town hall meetings for the public to give input for the cancer plan. Committee members are invited to attend the meetings.
- Meetings will be held in Prince George's, Anne Arundel, Charles, Montgomery, Washington, and Talbot Counties and Baltimore City, starting July 16th and ending August 8th. There will be teleconference sites in Salisbury and LaVale. Dates and locations will be posted on the web site (www.MarylandCancerPlan.org) when they are finalized.

Participants will be given three questions to help focus their testimony:
1) In your opinion, what are the most important cancer issues in your community?
2) Within your community, what are the primary barriers to accessing cancer prevention, education, screening, and treatment services.
3) What suggestions do you have for programs, partnerships, or services that could be created in your community to address the issues and barriers identified in questions 1 and 2?

Existing Programs:

Family Planning - Center for Maternal and Child Health (CMCH) (DHMH) – Ms. Helene O'Keefe

- The Family Planning Program was established in 1966, and has been the Title X Federal Family Planning Grant recipient since 1970. The program is funded by Federal Title X. Family Planning Funds (~$4,000,000 in federal funds) and state funds ($6-7,000,000 in state funds).
- The mission of the program is to decrease the incidence of unwanted pregnancies and improve pregnancy outcomes.
- There are over 90 family planning sites. Grants are given to all local health departments and to two Planned Parenthood affiliates. Central office staff offers clinics in underserved areas. There are some contracts with private providers.
- The program offers all forms of birth control, treatment for minor gyn problems, sexually transmitted infection screening, annual Pap smears and colposcopy services.
- The program sees approximately 70,000 patients each year, including 2-3,000 men. It is open to women of reproductive age and will accept undocumented aliens and teenagers. Services are provided under a sliding fee scale, and there is no charge for teenagers or other individuals whose income levels are below designated points on the sliding fee scale. The program also accepts women with Medical Assistance and insurance. However, the target population is teens and uninsured/underinsured low income women.
- During 2000-2001 the CMCH conducted a Cytology Management Demonstration Project. The project:
    - Compared the clinical and financial benefits of utilizing Thin-Prep Pap tests with HPV reflex testing for HPV to conventional Pap smears with co-collection for HPV testing.
    - HPV typing was done on all ASCUS Pap test results. Approximately $ 7,500 was saved the first year by cutting down on the number of repeat Pap tests and visits.
    - Clients with high- risk HPV types were referred to colposcopy. Patients who were negative for high- risk HPV types were returned to annual screening.
    - The project resulted in a decline in the number of patients referred for colposcopy (34%), and a savings of about $ 26,000, increased patient compliance, reduced case management time, and fewer follow-up Pap tests. Thin-Prep Pap tests resulted in a 10% decrease in the number of ASCUS Pap test results. Because HPV testing can be done from the original specimen with Thin-Prep, there is no need to purchase materials for co-collection for HPV testing or to store specimens that may not be needed.
    - Clients, staff and the laboratory were very satisfied with the Thin-Prep Pap tests. However, in the Project, they were more expensive to perform than a conventional Pap

smear with HPV co-collection, which proved to be the most cost- effective option for management.

- Based on the project results it was recommended that serious consideration be given to doing HPV testing with Hybrid Capture II for management of minimally abnormal Pap-tests. Family Planning Program clinical guidelines are in the process of being revised to reflect HPV testing either with co-collection with conventional pap or as a reflex test from liquid cytology as the preferred management for ASCUS (new Bethesda category ASC-US).

American Cancer Society – Ms. Phyllis Smelkinson

- ACS programs focus on lung, prostate, breast, and colorectal cancers, patient services, survivorship programs and anti-smoking campaigns.
- ACS publishes several pamphlets, including one on cervical cancer. They also publish Cancer Facts and Figures, which contain data on specific cancers, broken down by states and counties. Several brochures are published in other languages, including Spanish and Korean. It was mentioned that the Foreign-born Information and Referral Network (FIRN) in Howard County can provide translation services for many different languages.
- There is a community representative assigned to each county whose job is to promote partnerships and public education.
- ACS sponsors the following programs:
  - Road to Recovery - provides transportation services to cancer patients needing rides for medical (life-saving) treatment. The committee noted that transportation can be a major obstacle to screening and treatment for some people. The ACS is currently reviewing its transportation policy and investigating the possibility of expanding the program to include transportation to appointments for cancer screening and follow-up appointments. It was suggested that ACS also consider including transportation to appointments for people with pre-cancerous conditions. Medicare utilization rates for mammography are very low. Lack of transportation is often cited as an obstacle for utilizing these services.
  - Reach to Recovery - post mastectomy support
  - Look Good - Feel Better - skin care and makeup program
  - Wig bank
  - I Can Cope - education series for patients and families focusing on living with cancer
  - Man to Man - prostate cancer education and support program
  - Hope Lodge - lodging for cancer patients and their families who are undergoing treatment in Baltimore.

Baltimore City Cigarette Restitution Fund Program- Dr. Connie Trimble

- Johns Hopkins Medical Institution is studying the relationship between HPV infections and cervical cancer. They are attempting to identify pre-cancerous changes and the best way to treat them.
- The ideal cervical cancer control process includes:
  - Identify women in need of the services (older women, low literacy, and low income)
  - Routine screening services need to be available and accessible
  - Cytology interpretation / HPV typing

- Diagnosis by trained colposcopist, if needed.
- Appropriate treatment

- Researchers are looking at reasons why 50% of the women with abnormal Pap tests do not return for treatment
- Hopkins has established several community-based screening sites including The Spanish Apostolate, The Korean Resource Center, Bea Gaddy Center, The Door on Chester Street. Their goal is to target isolated communities where women are not receiving screening services. The program is being promoted by word of mouth.
- Follow-up (including colposcopy) is done at Hopkins' clinics at Bayview, Greenspring and Caroline Street. Treatment is done at Hopkins. time as the Pap smear.
- JHMI is developing a demographic database that will be used to see if the underserved populations in specific census tracts are being reached.
- It was recommended that research into the development of a low cost HPV test be conducted. The only test currently available is made by Digene and is expensive.
- Ultimately JHMI like to develop targeted promotional and educational materials and do targeted interventions for each screening site.
- Using community leaders to motivate women to get screened can be difficult. Programs such as "Tell-a-Friend" and "Sisters Pass It On" have had difficulties using volunteer community leaders.

Breast and Cervical Cancer Program (BCCP) – Ms. Donna Gugel

- In 1990 a federal law, The Breast and Cervical Cancer Mortality Prevention Act was passed establishing the Breast and Cervical Cancer Early Detection Program. The program is funded by the Centers for Disease Control and Prevention (CDC). Currently there are programs in all 50 states and 6 territories and 14 Native American tribes receive funding.
- In 1992 Maryland became was one of the first 12 states to receive money from CDC for a screening program. Since 1998 the state has provided additional funds to pay for screening women 40-49 years of age. Funds are administered at DHMH and distributed through grants to local health departments in all 23 counties. Effective July 1, 2002, the Baltimore City program will be run by MedStar Health located at Harbor and Union Memorial Hospitals.
- The BCCP will pay for a mammogram, clinical breast examination and a Pap smear. It also pays for colposcopy (with and without a biopsy), breast ultrasound and surgical consultations. Local jurisdictions are given funds to recruit and screen patients, and provide follow-up, case management, and transportation services, if needed. There is a program coordinator and outreach worker in every jurisdiction.
- To be eligible for the program a woman must be 40-64 years of age, uninsured or underinsured, not have Medicare Part B, not have Medical Assistance, be a Maryland resident, and have an income of 250% of poverty or less.
- Once a woman has had three consecutive, annual (10-18 months apart) negative Pap smears, the BCCP will only pay for a Pap smear every three years.
- CDC through its cervical cancer policy allows the BCCP to pay for thin-layer prepared Pap tests, but only at the same rate as for a conventional Pap smear ($14.60). CDC is implementing a new policy that will allow BCCP to pay for HPV testing (through co-collection or reflex testing) for all

women with ASC-US Pap test results. BCCP staff is meeting with its Cervical Cancer Medical Advisory Committee in late August to discuss this policy.
- Since 1992 BCCP has paid for 29,244 initial Pap smears and 32,164 subsequent Pap smears.
- Thirty percent of the women screened in the BCCP indicated that they were never or rarely screened (not in the past 5 years) for cervical cancer.
- It is estimated that there are 78,615 Maryland women who are eligible for BCCP. In 2001, BCCP saw approximately 10% of these women.

Maryland Breast and Cervical Cancer Diagnosis and Treatment Program – Ms. Donna Gugel
- The diagnosis and treatment program is open to all Maryland residents who have an abnormal cervical or breast result regardless of age and who meet income guidelines.
- The program pays for diagnostic tests (but not for Pap smears) and treatment for women with cervical (or breast) cancer.
- Proof of income and residency is required for this program.

Senate Bill 59 – Dr. Ann Klassen
- In 1977, the Maryland legislature passed Senate Bill 59, which requires hospitals to offer a Pap smear to all female inpatients. The law (and state budget) does not provide any money for implementation and enforcement.
- A survey of University of Maryland emergency room patients indicated that 19% if its female patients report never having a Pap smear. A 1993 survey done by Johns Hopkins indicated that 25% of the women who had been hospitalized reported never having a Pap smear.
- A survey done in 2000 indicated that hospitals do not object to offering Pap smears to patients and suggested that an education component and linkages to referrals need to be given to the patient also.
- It was asked if this law is still feasible given the fact that many surgeries are done on an outpatient basis and that inpatient stays are very short. A suggestion was made that Pap smears be offered to women at the time that the initial health assessment or admission physical is done.
- In the past, some hospitals employed nurses whose job was to visit female inpatients and offer them Pap smears. This seems to have been successful.
- The committee discussed the possibility of amending SB59 to require that hospitals have a dedicated nurse whose job is to educate patients about cervical cancer and the need to have regular Pap smears. The nurse would also be responsible for doing the Pap smear on women who needed them.

Recommendations generated during the meeting
- Increase the attention given to cervical cancer by the American Cancer Society
- Increase the scope of the American Cancer Society's Road to Recovery to patients in need of diagnostic work-up and possible to screening clients.
- Promote cervical cancer screening at the American Cancer Society's annual regional Relay for Life events.
- Look at hospitals that do well at providing Pap tests to inpatients. Use lessons learned to share with other hospitals.

- Recommend that hospitals of a certain size fund a dedicated staff person to offer Pap tests to all inpatients.
- Conduct a study to determine why women who develop cervical cancer may have fallen through the cracks.
- Use natural leader model to recruit women for cervical screening.
- Offer Pap tests to women in the Emergency Room
- Does Senate Bill 59 apply to women in psychiatric facilities?
- Support development of low-cost HPV test.
- Conduct research on cost-benefit ratio of providing Pap tests to inpatients.

The literature review and summary page of committee identified objectives for Maryland to decrease the burden of cervical cancer and to decrease racial disparities were distributed. Committee members were asked to review the literature and objectives to come up with recommendations to discuss at the next meeting. Recommendations can be sent via e-mail to Toni Brafa-Fooksman at fooksmant@dhmh.state.md.us before the next meeting.

The next meeting of the Cervical Cancer Committee will be on Monday, August 12 at 4:15 p.m. at DHMH.